



Related Medlearn Matters Article #: 4290

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National Council for Prescription Drug Program (NCPDP) Coordination of Benefits (COB) Workaround Instructions

Key Words

MM4290, CR4290, R845CP, National, Council, NCPDP, Coordination, Workaround, COB, Crossover, Data, Elements, Version, 5.1, Trading, Partners

Provider Types Affected

Suppliers who submit claims to Medicare durable medical equipment regional carriers (DMERCs) for prescription drugs provided to Medicare beneficiaries that are also sent to other Medicare trading partners for coordination of benefits.

Key Points

- The effective date of the instruction is July 1, 2006.
- The implementation date is July 3, 2006.
- Certain Medicare trading partners cannot accept the NCPDP version 5.1 batch standard 1.1 for COB crossover purposes due to missing data elements within the transaction.
- Change Request (CR) 4290 contains workaround instructions that provide current trading partners with the data elements in the NCPDP version 5.1 batch standard 1.1 for COB crossover purposes.
- The following information is important for trading partners regarding the NCPDP version 5.1 batch standard 1.1 for COB crossover purposes:
 - Drugs will always be paid as mandatory assignment.
 - Health Insurance Claim (HIC) numbers will always be passed in the "Patient ID" field (332-CY) with a "99" (Other) qualifier in the Patient ID Qualifier field (331-CX).
 - For non-claim-based Medigap crossovers, the "Cardholder ID" field (302-C2) in the "Insurance Segment" will contain the beneficiary's policy number as submitted on the carrier's eligibility file.
 - When the "Patient Location" field (307-C7) is not "1" (Home), the Supplier Name and Address will be populated in lieu of the Facility Name and Address in the 500-byte-free formatted field.

Important Links

<http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/MM4290.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R845CP.pdf>